

dup Jm 15

Work Order ID 89536

89536

Page 1

August-24-12 10:05:14 AM

Item ID: D4640-3 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Fwd Wall Protector
Start Date: 8/24/12 Start Qty: 10.00 *10* Cust Item ID:
Required Date: 11/05/12 Req'd Qty: 10.00 *10* Customer:
Reference:

Approvals: Process Plan: W Date: Tooling: Date: Run Start *NR1*
QC: Date: SPC (Y/N): Date: Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| D4640 | A B GEN 12-652 | 0.00 | | | | | | | |
| 100 | | | | | | | | | |
| *100* | | | | | | | | | |
| Waterjet | Memo | | | | | | | | |
| FLOW CNC Waterjet | Cut as per dwg | | | | | | | | |
| | Prog Rev: <u>C</u> | | | | | | | | |
| | Dwg Rev: <u>C</u> | | | | | | | | |
| | Deburr as required | | | | | | | | |
| 110 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *110* | | | | | | | | | |
| QC | Memo | | | | | | | | |
| Quality Control | | | | | | | | | |

10 0 Jm 12-12-22

10 0 Jm 12-12-22

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|---|---|----------------------|---|----------------|--------------|---|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |

Work Order ID 89536

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Page 2

August-24-12 10:05:14 AM

Item ID: D4640-3 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
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Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|---------------------------|
| 120 *120* QC Quality Control | QC8- Inspect parts - second check Memo Use template to mark locations | 0.00 0.00 | | | | | | | (13) 12-12-31 (DAS 09 89) |
| 130 *130* Packaging Packaging | Identify as per dwg & Stock Location: <u>Pkg</u> Memo | 0.00 0.00 | | | | | | | (101) Block 3 SP |
| 140 *140* QC Quality Control | QC21- Final Inspection - Work Order Release Memo | 0.00 0.00 | | | | | | | 13/1/10 JG |

13-01-4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

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|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
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| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|---|---|---|--|---|

Picklist Print

August-24-12 10:05:14 AM

Page 1

Work Order ID: 89536

Parent Item: D4640-3

Parent Item Name: Fwd Wall Protector

Start Date: 8/24/12

Required Date: 11/05/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.093-F6006-07 GE PLASTICS LEXAN SHEET | | Purchased | No | | | 100 | sf | 1,452.6700 | 3.8 | 40 | | | |

Im 12-22

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| therm | 1452.67 | |
| 112176 | 40.44 | |
| 114459 | 1412.23 | |

123105

123105

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
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FAULT CATEGORY

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| | | |
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NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

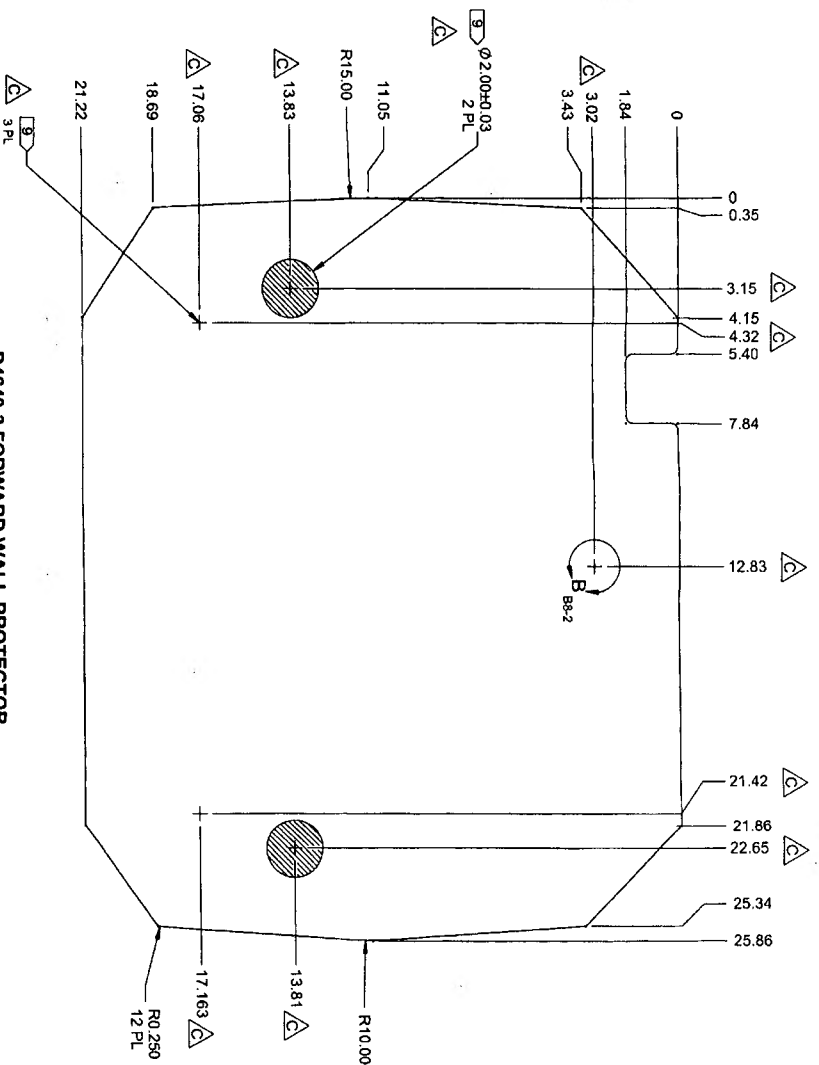
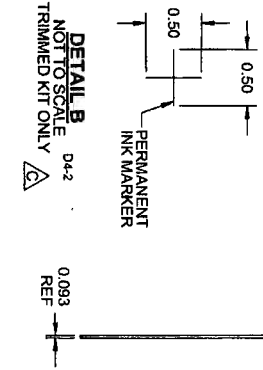
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- NOTES:
- 1) MATERIAL: F6006-GY5B133 GRAY LEXAN SHEET (SUEDE/POLISHED) 0.093 THICK
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART OSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY PER OSI 044 6.1 ON SMOOTH SIDE
 - 7) WEIGHT: 2.07 lbs
 - 8) CHECK PER TEMPLATE DT8925
 - 9) IF CUSTOMER REQUESTS "TRIMMED KIT" ON PURCHASE ORDER:
- DRAW 0.50" CROSS ON TEXTURED SIDE AT INDICATED LOCATIONS USING PERMANENT INK MARKER
- CUT SHADED HOLES

D4640-3 FORWARD WALL PROTECTOR
TEXTURED SIDE SHOWN

| | | |
|------------|--------------------------|-----------------------------|
| DESIGN | | DART AEROSPACE LTD |
| DRAWN | | HAWKESBURY, ONTARIO, CANADA |
| CHECKED | | |
| MFG. APPR. | | |
| APPROVED | | |
| DATE | 12.11.22 | |
| TITLE | BAGGAGE PROTECTOR | |
| SCALE | SHEET 2 OF 8 | |
| NTS | | |

RELEASED
2012-11-29
JMN



84536